

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name <b>PMC Regional Hospital</b>	Telephone Number <b>812 206 7650</b>	Date of Inspection (mm/dd/yr) <b>2/20/20</b>	PERMIT # <b>19-231</b>
Establishment Address (number and street, city, state, zip code) <b>4023 Reas Ln. New Albany, IN 47150</b>	Purpose: <input checked="" type="radio"/> Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Follow-up <b>NO</b>	Release Date <b>10 days</b>
Owner <b>PMC Regional Hospital / Dennis Melley (CEO)</b>		Summary of Violations:	
Owner's Address <b>3626 Grantline Rd New Albany, IN 47150</b>		C <u>Q</u> NC <u>2</u> R <u>Q</u>	
Person in Charge <b>Marissa Shauver</b>		Menu Type (See back of page)	
Responsible Person's E-mail		1 <u>  </u> 2 <u>  </u> 3 <u>  </u> 4 <u>X</u> 5 <u>  </u>	
Certified Food Manager			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

[illegible]

Received by (name and title printed): Marissa Shanver RN		Inspected by (name and title printed): A.J. Ingram (EHS)	
Received by (signature): Marissa Shanver RN		Inspected by (signature): aj	
cc:	cc:	cc:	